

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER 1ST  
AMENDMENT      AFTER 2ND  
AMENDMENT

IND DEP IND DEP IND DEP

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TOTAL IND.      1  
TOTAL DEP.      7  
TOTAL CLAIMS      8

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.      1  
TOTAL DEP.      7  
TOTAL CLAIMS      8